IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

Applicant(s):

Festa, et al.

CENTRAL FAX CENTER

Serial No.:

10/660,181

DEC 0 8 2005

For:

MODULAR SECURITY, MONITORING, AND CONTROL DEVICES AND

METHODS

Filed:

September 11, 2003

Examiner:

George A. Bugg

Art Unit:

2636

Confirmation No.:

5805

Customer No.:

27,623

Attorney Docket No.: 142429

Mail Stop RCE **COMMISSIONER FOR PATENTS** P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

AMENDMENT TRANSMITTAL

We are enclosing an Amendment with RCE in response to the Final Office Action dated dated September 8, 2005 and Advisory Action dated November 30, 2005 in the above-identified application.

| Petition for extension of time pursuant to 37 C.F.R. §§ 1.136 and 1.137 is hereby made it to the extent, required. The fee for this extension of time is calculated to be \$ to extend to the extent of the extent of the extension of time is calculated to be \$ to extend to the extent of the extension of time is calculated to be \$ to extend the extension of time is calculated to be \$ | f, and nd the |
|--|------------------|
| to the extent, required. The fee for this extension of time is calculated as a | |
| time for filing this response until | |

The fee for any change in number of claims has been calculated as shown below.

| | | C | LAIMS AS A | | | |
|---------------------------------|----------------------------------|-------------|-------------------------------------|---------|------------|-----------------|
| | Claims Remaining After Amendment | | Highes Numbe Previous Paid | r Extra | Rate | |
| Total | 23 | Minus | 23 | 0 | x \$50.00 | \$ |
| Claims Independent Claims | 6 | Minus | 5 | 1 | x \$200.00 | \$200.00 |
| MULT | IPLE DEPENDEN | T CLAIM FEE | | | | x \$360.00 = \$ |
| TOTA | L FEE FOR CLAIR | I CHANGES | | | | \$200.00 |
| | FOR SMALL ENT | | | | | \$N/A |

12/09/2005 SEELEKE1 00000095 010467 10660181

_200.00 DA __ 02 FC+1201

| The total fee for this amendment, inc be \$ _200.00 | cluding claim changes and any extension of time is calculated to |
|---|--|
| A check in the amount of \$ | 0.00 is attached. |
| The state and the second section 27 C E D | authorized to charge the independent claim fee of \$200.00 and §§1.16 and 1.17 which may be required with this communication application, or credit any overpayment, to Deposit Account No. orm is enclosed. |
| December 8, 2005 Date | Paul D. Greeley Attorney for Applicant(s) Registration No. 31,019 Ohlandt, Greeley, Ruggiero & Perle, L.L.P. One Landmark Square, 10 th Floor Stamford, CT 06901-2682 Telephone: (203) 327-4500 Telefax: (203) 327-6401 |
| I HEREBY CERTIFY THAT THIS CORR NUMBER 571-273-8300, c/o MAIL STOP 22313-1450, ON <u>December 8, 2005</u> | CERTIFICATE OF TRANSMISSION RESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE FACSIMILE PROBLEM RESPONDENCE FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA |
| <u>Joanne A. Romaniello</u> NAME | Joanne a Romaneello 12/8/05 O SIGNATURE DATE |

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2033276401

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| Petition for to the extent, requ | extension of time pursua red. The fee for this ex | ant to 37 C.F.R. §§ 1 tension of time is cal | i.136 and 1.137 is here loulated to be \$ | by made if, and to extend the |
|----------------------------------|--|---|---|----------------------------------|
| time for filing this r | | · | | |

The fee for any change in number of claims has been calculated as shown below.

| | | Č | LAIMS AS | | | - <u>-</u> | |
|-----------------------|---|-------------|-------------|-------------------------------|------------------|------------|-----------------|
| | Claims Remaining After Amendment | | Nur Prev | hest nber lously ald | Present Extra | Rate | |
| Total Claims | 23 | Minus | 23 | | 0 | x \$50.00 | \$ |
| Independent Claims | 6 | Minus | 5 | | 1 | x \$200.00 | \$200.00 |
| MULT | IPLE DEPENDEN | T CLAIM FEE | | | | | × \$360.00 = \$ |
| TOT/ | L FEE FOR CLAI | M CHANGES | | | | | \$200.00 |
| 1/2 FILING FEE | FOR SMALL EN | 1 TY | | I | | | \$N/A |

| The total fee for this amendment, including claim changes and any extension of time is calculated to be \$ _200.00 |
|--|
| A check in the amount of \$ <u>0.00</u> is attached. |
| The Commissioner is hereby authorized to charge the independent claim fee of \$200.00 and any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to Deposit Account No. 01-0467. A duplicate copy of this Form is enclosed. |
| December 8, 2005 Paul D. Greeley Attorney for Applicant(s) Registration No. 31,019 Ohlandt, Greeley, Ruggiero & Perle, L.L.P. One Landmark Square, 10 th Floor Stamford, CT 06901-2682 Telephone: (203) 327-4500 Telefax: (203) 327-6401 |
| CERTIFICATE OF TRANSMISSION I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE FACSIMIL NUMBER 571-273-8300, c/o MAIL STOP RCE, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, V 22313-1450, ONDecember 8, 2005_ |
| Joanne A. Romaniello NAME Joanne Q. Romaneello SIGNATURE DATE |